

**Scripps Howard Broadcast Stations  
Record Of Request For Political Broadcast Time  
Involving An Issue Of Public Importance**

Station / Location: WXYZ - Detroit

Date / Time Of Request: 10/10/12

Name Of Person Making Request: JOE KOSS (CatholicVote)

Agency (If Any): \_\_\_\_\_

Address: PB Box 2709  
Chicago, IL 60603

Phone #: 312-201-6557 C: 313-590-2740

E-mail Address: jKoss @ CatholicVote.org

Name Or Description Of Issue: HHS Mandate Lawsuit

Name Of Issue Ad Sponsor Committee: Catholic Vote

Issue Ad Sponsor Committee Officers:

Chairman: N/A

Vice Chairman: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Issue Ad Sponsor Committee Address:

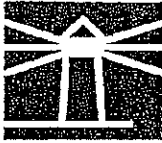
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name Of Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_



## Issue Request Form (Continued)

Programs Or Times Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates Requested: \_\_\_\_\_

Length Of Spot / Program Time Requested: \_\_\_\_\_:60

Class Of Time Requested: \_\_\_\_\_

Request Made: In Writing \_\_\_\_\_ By Phone \_\_\_\_\_ In Person \_\_\_\_\_

Disposition Of Request:

Granted \_\_\_\_\_ (If granted, attach contract and invoice.)

Not Granted \_\_\_\_\_ (If denied, attach written denial.)

Political Disclosure Form Submitted To Requestor- Date Submitted: \_\_\_\_\_

Content: \_\_\_\_\_

Identify Issue Addressed In Ad: \_\_\_\_\_

If Ad Refers To Candidate, Identify Candidate And Office Sought: \_\_\_\_\_

If Ad Refers To Election, Identify: \_\_\_\_\_

Comments: \_\_\_\_\_

Television Station: \_\_\_\_\_

Signature Of Person Receiving Request On Behalf  
Of Station

Title